

**Political Organization
Notice of Section 527 Status**

Part I General Information

1 Name of organization OHIO OPTOMETRIC ASSOCIATION		Employer identification number 31 4442955
2 Mailing address (P.O. Box or number, street, and room or suite number) P.O. BOX 6036		
City or town, state, and ZIP code WORTHINGTON, OH 43085-6036		
3 E-mail address of organization OOA@INFINET.COM		
4a Name of custodian of records JOSEPH LEISRING, O.D.	4b Custodian's address 3814 BROADWAY GROVE CITY, OH 43123	
5a Name of contact person RICHARD CORNETT, EXECUTIVE DIRECTOR	5b Contact person's address P.O. BOX 6036 WORTHINGTON, OH 43085-6036	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number 250 E. WILSON BRIDGE RD., SUITE 240		
City or town, state, and ZIP code WORTHINGTON, OH 43085		

Part II Purpose

7 Describe the purpose of the organization
**THE MISSION OF THE OHIO OPTOMETRIC ASSOCIATION IS TO PROMOTE
 THE IMPORTANCE OF A LIFETIME OF COMPREHENSIVE, HIGH-QUALITY
 EYE CARE FOR THE RESIDENTS OF OHIO, ADVANCE THE PROFESSION
 OF OPTOMETRY AND SERVE AS THE PRINCIPAL RESOURCE FOR
 PUBLIC HEALTH INFORMATION REGARDING THE EYES AND VISION.**

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address

RECEIVED IN CORRESPONDENCE

IRS - OSC / 616

JUL 30 2000

OGDEN, UTAH

Part IV **List of All Officers, Directors, and Highly Compensated Employees** (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____

